

Patient Participation Group meeting 04 July 2023

Attendees:

Patients	Practice Staff
HR	Catherine Thomas – Business Manager and Partner
RI	Paula Gilroy – Nurse Practitioner and Partner
PI	Dr P De Jongh – Senior Partner
DC	
JW	Julian Gilroy
AW	
FK	

The meeting was opened by Catherine at 1800hrs. Catherine reiterated that the purpose of the group is not to use it to air personal medical issues or individual complaints as there is already an existing procedure to handle such matters. The group consists of patients who wish to be involved in practice activities and take a role in developing local health services, facilitate patients and practice staff to work together sharing ideas to help improve services we offer. In addition to sourcing local community services that may help patients.

Each member was given a copy of the Annual Report for 2023 and results from our most recent patient survey. The results of which were shared with an explanation of each section.

Q. Patient asked for explanation of E consults, how this can be used and its purpose.

eConsults can be used via the practice website. It is a piece of software that allows patients to communicate with the practice. It is to be used for non-urgent contact and ideal for questions, queries, advice and to request non-urgent appointments. It is not mandatory to use eConsults to contact the practice, unlike many other practices. This method of communication is a choice for patients. Other avenues of accessing care were also discussed including Urgent Care, Enhanced Access, Pharmacies etc.

Q. Patient asked about the telephone system

Catherine explained the new system is a digital system and does not work on lines but volume of calls. The system allows us to monitor volume of calls and enables more staff to log in to answer incoming lines during particularly busy periods. Call back requests can sometimes take up to 3 hours when particularly busy but allows patients to get on with their day rather than being put on hold. We have experienced some teething issues with this new system and patients were encouraged to report any problems that they have with the telephone system in order for us to investigate further.

Q. Patient asked whether the surgery had considered 'drop in' clinics?

This is something the practice has considered and is hoping to offer 'drop in' phlebotomy clinics in the very near future. We will also consider 'drop in' clinics to see clinicians.

Q. Patient asked how many GPS do we have?

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Catherine explained that we have 4 GPs, 1 full time partner, a salaried ¾ time GP and we are currently using 2 additional long term locums whilst we continue recruiting further GPs. Catherine also gave an update on newly appointed Practice Nurses and Nurse Practitioners. Catherine explained the importance for the practice to ensure sufficient clinical capacity by having a mix of GPs and Nurse Practitioners. Through efficient use of skill mix we ensure our NPs deal with general acute problems and the GP appointments can then be used for patients who are suffering from more complex and chronic disease problems. We currently have 5 Nurse Practitioners and a trainee Advanced Clinical Practitioner. A question was also asked about 'GPs in training'. Catherine explained the pros and cons of having trainee Drs and that at this moment in time this was not possible for Acklam Medical Centre. We are however currently supporting the training of a Nurse Associate to work alongside the Practice Nurses, Nurse Practitioners and an Advanced Clinical Practitioner.

Patient mentioned that it might be a good idea to have a staff photo board.

Catherine explained this is something we have previously considered and that we would re look at this.

Q. Patient mentioned why reception ask for description of problem when asking for an appointment.

Dr De Jongh explained that the reception team ask the questions on behalf of the Drs as it helps them to triage patients and which order patients are telephoned. Those that are deemed more urgent can be rung earlier and offered suitable times to attend the surgery. Catherine added that since covid and the need for all practices to minimise contact with patients, all surgeries now tend to triage and patients have become used to this and generally don't have a problem giving brief information to the receptionists. Patients can however decline to give any details, however this may mean those patients would generally be left until those with more urgent problems are dealt with.

Q. Patient asked about the possibilities of pre booking appointments.

Catherine explained that this has been implemented but only with limited appointments. It was also explained that we can use SMS messaging and Face time/teams to do remote video appointments should this be patient preference.

Patient explained that he was a member of a local prostate cancer support group and he asked if we could put some literature about the subject in the practice.

We are always happy to support such groups and could advertise on our website, in the practice and on our Facebook page. It was suggested that an information stand could be put up during the next flu clinic if this would support the group.

Q. Patient asked about the possibility of starting up the Craft and Natter Group that was stood down during the covid pandemic.

This would be discussed and communicated back to the Group

Q. Trish Irvine our patient group lead prior to covid asked if we were considering returning back to regular meetings with a group lead.

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The practice would like to resume more face-to-face contact with patients, and we would discuss as a practice ideas in how we could proceed with this and communicate back to the group.

Catherine explained due to lack of time she would not go over the annual report in detail however this would be publicised for all patients, and we would welcome any questions.

No further questions were asked and the meeting was closed.